

South Central Behavioral Health Region

FY 2021 Annual Report



SUBMITTED:

GEOGRAPHIC AREA: *Appanoose, Davis, Mahaska and Wapello Counties*

APPROVED BY ADVISORY BOARD:

APPROVED BY GOVERNING BOARD:

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Introduction

South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SCBHR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The FY2021 Annual Report covers the period of July 1, 2020 to June 30, 2021. The annual report includes documentation of the services provided, individuals served, documentation of designated intensive mental health services, and the costs associated with regional obligations as well as regional outcomes and or accomplishments for the year.

The SCBHR FY21 Governing Board Members:

Ron Bride-Davis County, Chair

Linda Demry-Appanoose County-

Jerry Parker-Wapello County-Vice Chair

Steve Wanders-Mahaska County

Danielle O'brien-Adult MH Provider

Lorraine Uehling-Techel- Parent of a child who utilizes Children's Behavioral Health Services

Cheryll Jones-Child MH Provider

Cindy Yelick-AEA

SCBHR Management Plans are available on the SCBHR Website www.scbhr.net and DHS websites. <http://dhs.iowa.gov>.

D. Services Provided and Individuals Served

This section includes:

- The number of individuals in each diagnostic category funded for each service
- Unduplicated count of individuals funded by age and diagnostic category
- Regionally designated Intensive Mental Health Services

Table A. Number of Individuals Served for Each Service by Diagnostic Category

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	116	1273	1389	40
Mental Illness, Intellectual Disabilities	0	1	1	40, 42
Mental Illness, MH/DD General Administration	0	1	1	40, 44
Total	116	1275	1391	99

Individuals served for each Diagnostic category

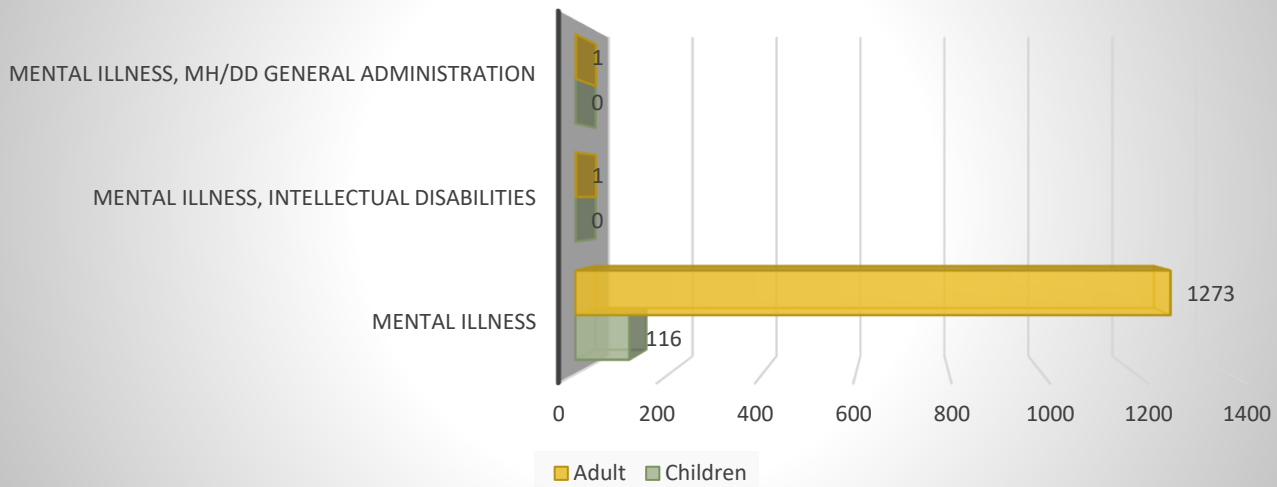


Table B. Unduplicated Count of Individuals by Age and Diagnostic Category

FY 2021 Actual GAAP	SouthCentralBehavioralHealthRegion MHDS Region	MI (40)		ID(42)		DD(43)	BI (47)	Other	Total
		A	C	A	C	A	A	A	
Core									
	Treatment								
42305	Psychotherapeutic Treatment – Outpatient	4							4
42306	Psychotherapeutic Treatment – Medication Prescribing	8							8
43301	Evaluation (Non Crisis) – Assessment and Evaluation	18	2						20
71319	State MHI Inpatient – Per diem charges	5							5
73319	Other Priv./Public Hospitals – Inpatient per diem charges	14							14
	Basic Crisis Response								
44301	Crisis Evaluation	180	63						243
44302	23 Hour Observation and Holding	45	4						49
44307	Mobile Response	23	11						34
44313	Crisis Stabilization Residential Service (CSRS)	32	2						34
	Support for Community Living								
32329	Support Services – Supported Community Living	10							10
	Support For Employment								
	Recovery Services								
	Service Coordination								

	Sub-Acute Services								
	Core Evidence Based Treatment								
32396	Supported Housing	10							10
42398	Assertive Community Treatment (ACT)	9							9
	Core Subtotals:	358	82						440
	Mandated								
74XXX	CommitmentRelated (except 301)	235	7						242
75XXX	Mental health advocate	226	1						227
	Mandated Subtotals:	461	8						469
	Core Plus								
	Justice System Involved Services								
46305	Mental Health Services in Jails	316	3						319
	Additional Core Evidence Based Treatment								
42366	Psychotherapeutic Treatment – Social Support Services	246	1						247
	Core Plus Subtotals:	562	4						566
	Other Informational Services								
	Community Living Support Services								
22XXX	Services management	646	43	1					690
31XXX	Transportation	50	2						52
33340	Basic Needs – Rent Payments	1							1
33345	Basic Needs – Ongoing Rent Subsidy	31							31
33399	Basic Needs – Other	1							1
41306	Physiological Treatment – Prescription Medicine/Vaccines	9							9
46306	Prescription Medication (Psychiatric Medications in Jail)	300	2						302
	Community Living Support Services Subtotals:	1038	47	1					1086
	Congregate Services								
64XXX	RCF-6 and over beds	9							9
	Congregate Services Subtotals:	9							9
	Administration								
11XXX	Direct Administration							1	1
	Administration Subtotals:							1	1
	Uncategorized								
	Regional Totals:	2428	141	1				1	2571

B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.

- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professional.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

<u>Date Designated</u>	<u>Access Center</u>
5/19/2021	Southern Iowa Mental Health Center

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by subrule 25.6(2), and documentation of each team's most recent fidelity score.

<u>Date Designated</u>	<u>ACT Teams</u>	<u>Fidelity Score</u>
3/31/2020	RHD	122
4/27/2020	Southern Iowa Mental Health Center	116

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

<u>Date Designated</u>	<u>Subacute</u>
4/27/2020	Southern Iowa Mental Health Center

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915© intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and on-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider coordination with the individual's clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no reject, no eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.
- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

Date Designated	Intensive Residential Services
	N/A

C. Financials

Table C. Expenditures

FY 2121 Accrual	XXXX MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy	49355.49					\$ 49,355.49
							-
42306	Medication prescribing & management	449.60					\$ 449.60
							-
43301	Assessment & evaluation	2668.48					\$ 2668.48
							-
71319	Mental health inpatient therapy-MHI	131741.01					\$ 131,741.01
							-
73319	Mental health inpatient therapy	50083.29					\$ 50,083.29
							-
	Crisis Services						
32322	Personal emergency response system						\$ -
							-
44301	Crisis evaluation	91080.00					\$ 91,080.00
							-
44302	23 hour crisis observation & holding	26027.82					\$ 26,027.82
							-
44305	24 hour access to crisis response						\$ -
							-
44307	Mobile response	130036.74					\$ 130,036.74
							-
44312	Crisis Stabilization community-based services	125250.00					\$ 125,250.00
							-
44313	Crisis Stabilization residential services	161321.95					\$ 161,321.95
							-
44396	Access Centers: start-up / sustainability	407787.27					\$ 407,787.27
							-
	Support for Community Living						
32320	Home health aide						\$ -
							-
32325	Respite						\$ -
							-
32328	Home & vehicle modifications						\$ -
							-
32329	Supported community living	55344.21					\$ 55,344.21
							-
42329	Intensive residential services						\$ -
							-
	Support for Employment						
50362	Prevocational services						\$ -
							-

50364	Job development						\$ -
50367	Day habilitation						\$ -
50368	Supported employment						\$ -
50369	Group Supported employment-enclave						\$ -
	Recovery Services						
45323	Family support						\$ -
45366	Peer support	870.00					\$ 870.00
							-
	Service Coordination						
21375	Case management						\$ -
24376	Health homes						\$ -
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	Core Evidenced Based Treatment						
04422	Education & Training Services – provider competency						\$ -
32396	Supported housing	54270.10					\$ 54,270.10
							-
42398	Assertive community treatment (ACT)	48311.99					\$ 48,311.99
							-
45373	Family psychoeducation	811.88					\$ 811.88
							-
	Core Domains Total	\$ 1,335,409.83					\$ 1,335,409.83
		-	\$ -	\$ -	\$ -		-
Mandated Services							
46319	Oakdale						\$ -
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	70127.25					\$ 70,127.25
							-
75XXX	Mental health advocate	69502.14					\$ 69,502.14
							-
		\$ 139,629.39					\$ 139,629.39
	Mandated Services Total	-	\$ -	\$ -	\$ -		-
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services						\$ -
44346	24 hour crisis line**						\$ -
44366	Warm line**	1082.40					\$ 1082.40
							-
46305	Mental health services in jails	283611.22					\$ 283,611.22
							-
46399	Justice system-involved services-other						\$ -
46422	Crisis prevention training	46571.37					\$ 46,571.37
							-
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	551566.43					\$ 551,566.43
							-
42397	Psychiatric rehabilitation (IPR)						\$ -

	Additional Core Domains Total	\$ 882,831.42 -	\$ -	\$ -	\$ -	\$ 882,831.42 -
Other Informational Services						
03371	Information & referral	202710.00				\$ 202,710.00 -
04372	Planning and/or Consultation (client related)					\$ -
*04377	Provider Incentive Payment					\$ -
04399	Consultation Other					\$ -
04429	Planning and Management Consultants (non-client related)	95040.00				\$ 95,040.00 -
05373	Public education	332013.03				\$ 332,013.03 -
	Other Informational Services Total	\$ 629,763.03 -	\$ -	\$ -	\$ -	\$ 629,763.03 -
Community Living Supports						
06399	Academic services					\$ -
22XXX	Services management	432,451.39	60.42			\$ 432,511.81 -
23376	Crisis care coordination					\$ -
23399	Crisis care coordination other					\$ -
24399	Health home other					\$ -
31XXX	Transportation	19471.21				\$ 19,471.21 -
32321	Chore services					\$ -
32326	Guardian/conservator					\$ -
32327	Representative payee					\$ -
32335	CDAC					\$ -
32399	Other support					\$ -
33330	Mobile meals					\$ -
33340	Rent payments (time limited)	277.87				\$ 277.87 -
33345	Ongoing rent subsidy	13928.00				\$ 13,928.00 -
33399	Other basic needs	175.00				\$ 175.00 -
41305	Physiological outpatient treatment					\$ -
41306	Prescription meds	1062.09				\$ 1062.09 -
41307	In-home nursing					\$ -
41308	Health supplies					\$ -
41399	Other physiological treatment					\$ -
42309	Partial hospitalization					\$ -
42310	Transitional living program					\$ -
42363	Day treatment					\$ -
42396	Community support programs					\$ -
42399	Other psychotherapeutic treatment					\$ -
43399	Other non-crisis evaluation					\$ -
44304	Emergency care					\$ -
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
46306	Psychiatric medications in jail	460777.97				\$ 46,077.97 -
50361	Vocational skills training					\$ -

50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$ -
63XXX	ICF 1-5 beds (63317 & 63318)						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	Community Living Supports	\$ 513,443.53	\$ 60.42	\$ -	\$ -		\$ 513,503.95
		-	-				-
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$ -
		141,954.78					\$ 141,954.78
64XXX	RCF 6 and over beds (64314, 64315 & 64316)						-
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	Other Congregate Services Total	\$ 141,954.78					\$ 141,954.78
		-	\$ -	\$ -	\$ -		-
Administration							
11XXX	Direct Administration					463,783	\$ 463,783
							-
12XXX	Purchased Administration					250	\$ 250
							-
	Administration Total					\$ 464,033	\$ 464,033
						-	-
	Regional Totals	3,643,031.98				\$ 464,033	\$ 4,107,125.40
		-	\$ 60.42	\$ -	\$ -	-	-
(45XX-XXX)County Provided Case Management							\$ -
(46XX-XXX)County Provided Services							\$ -
	Regional Grand Total						\$ 4,107,125.40
							-

Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county					\$ 2,477,465
						-
14951	MHDS fiscal agent reimbursement to MHDS regional member county					\$ 19,665
						-

** 24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

Table D. Revenues

FY 2021 Accrual	SCBH MHDS Region		
Revenues			
	FY20 Annual Report Ending Fund Balance		\$ 2,649,997
	Adjustment to 6/30/20 Fund Balance		
	Audited Ending Fund Balance as of 6/30/20 (Beginning FY21)		\$ 2,612,546
	Local/Regional Funds		\$ 3,719,691
10XX	Property Tax Levied	3,489,149	
12XX	Other County Taxes	971	
16XX	Utility Tax Replacement Excise Taxes	229,571	
25XX	Other Governmental Revenues		
4XXX-5XXX	Charges for Services		
5310	Client Fees		
60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous		
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$ 231,948.00
21XX	State Tax Credits	209,612	
22XX	Other State Replacement Credits	21,886	
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
29XX	Payment in Lieu of taxes	450	
	Other		
	Other		
	Federal Funds		\$ 747,675.00
2345	Medicaid		
2347	CARES Act	747,675	
	Other		
	Total Revenues		\$ 4,699,314

Total Funds Available for FY21	\$ 7,311,860
FY21 Actual Regional Expenditures	\$ 4,107,126
Accrual Fund Balance as of 6/30/21	\$ 3,204,734

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Appanoose	12437	47.28	588021	588021	47.28
Davis	9017	47.28	426324	426324	47.28
Mahaska	22000	47.28	1040160	1040160	47.28
Wapello	35205	47.28	1664492	1664492	47.28
			0		#DIV/0!
			0		#DIV/0!
Total ScBH Region	78,659		3,718,997	3,718,997	47.28

D. Status of Service Development in FY2021

The Region worked extensively to continue service development during FY2021 as well as continuing to improve and refine the services that we have established since regionalization. At the end of FY2021 the region had in place all required core services less Intensive Residential Services and Community Based Crisis Services. Regarding the development of Intensive Residential Service homes the region continues to evaluate the need among residents of the SCBHR region, provider capacity and workforce availability to establish and sustain this service.

FY21 South Central Behavioral Health Region (SCBHR), South East Iowa Link (SEIL) and County Rural Offices of Social Services (CROSS) release an RFP for 5 Children's Crisis Based Residential Beds and Community Based Crisis Services. The RFP was released on December 21st, 2021 and was awarded to American Home Finding Associations on March 12, 2021. Projected start date was July 1st, 2021.

SCBHR, SEIL and CROSS region developed and executed an Access Center contract with Southern Iowa Mental Health Center with designation taking place May 5th, 2021.

E. Outcomes/Regional Accomplishments in FY2021

SCBHR continues to address all areas to include Adult Core, Children Core, Core Plus and Additional Core. I would like to bring your attention to the chart below you will see that the region is indeed meeting all the areas of Adult Core with the exception of Adult Community Based Services. The region is in contracting negotiations to address this core service and plans to implement this service in FY22. Unfortunately, the region has not been able to secure a provider to provide Intensive Residential Services. SCBHR will be working diligently to work with the neighboring regions to identify a provider that is interested in serving SCBHR. As stated in the section D. the region has awarded an RFP and made payment to American Home Finding Association to establish Children's Crisis Stabilization Residential Services and also Community Based Crisis Services. The region does have a contract with YSS for Children's Residential Crisis Beds and has a made referrals however due to the provider not having Chapter 24 accreditation the region is not able to mark this the access standard as met.

Adult Core Services			
Access Standards are from Iowa Administrative Rule Chapter 441.25. The date that Access Standards are required for intensive mental health core services is July 1, 2021.			
CRISIS: Twenty Four Hour Crisis Response			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Immediate access to crisis screening services by means of telephone, electronic, or face-to-face communication 24 hrs. a day/ 365 days a year.	Met	
Timeliness	Crisis assessment by licensed mental health professional within 24 hours.	Met	
CRISIS: Crisis Stabilization Community Based Services (CSCBS)			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	An individual who has been determined to need CSCBS shall receive face to face contact from the CSCBS provider within 120 minutes from the time of referral.	Unmet	
CRISIS: Crisis Stabilization Residential Services (CSRS)			

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	An individual who has been determined to need CSRS shall receive the service within 120 minutes from the time of referral.	Met	
Proximity	Service is located within 120 miles from the individual's residence	Met	
CRISIS: Mobile Response			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Face-to-face contact with mobile crisis staff within 60 minutes of dispatch	Met	MCT started 1/7/2019
CRISIS: 23 Hour Observation and Holding			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	An individual who has been determined to need 23-hour observation and holding shall receive the service within 120 minutes of referral.	Met	
Proximity	Service is located within 120 miles from the individual's residence	Met	
TREATMENT (Outpatient): Assessment and Evaluation			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to an individual within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community	Met	
TREATMENT (Outpatient): Mental Health Outpatient Therapy			

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to an individual within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community	Met	
TREATMENT (Outpatient): Medication Prescribing and Management			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to an individual within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community	Met	
TREATMENT: Mental Health Inpatient Therapy			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	An individual in need of emergency inpatient services shall receive treatment within 24 hours	Met	
Proximity	Inpatient services shall be within a reasonably close proximity to the region (100 miles)	Met	
TREATMENT: Assessment and Evaluation after Inpatient Treatment			

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Assessment/Evaluation	An individual who has received inpatient services shall be assessed and evaluated within four weeks of discharge	Met	
TREATMENT: Subacute Facility Based Mental Health Services			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Service provided within 24 hours of referral	Met	
Proximity	Service is located within 120 miles from the individual's residence	Met	
SUPPORT FOR COMMUNITY LIVING			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	The first unit of service shall occur within four weeks of the individual's request of support for community living	Met	
SUPPORT FOR EMPLOYMENT			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	The first unit of service shall take place within 60 days of the individual's request of support for employment	Met	
RECOVERY SERVICES: Family Support			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Proximity	An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services	Met	
RECOVERY SERVICES: Peer Support			

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Proximity	An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services	Met	
SERVICE COORDINATION: Case Management and Health Home			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Routine	An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility	Met	
Proximity	An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services	Met	
INTENSIVE MENTAL HEALTH SERVICES: Assertive Community Treatment (ACT)			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Capacity	A sufficient number of ACT teams shall be available to serve the number of individuals in the region who are eligible for ACT. As a guideline for planning purposes, the ACT-eligible population is estimated to be about 0.06% of the adult population of the region.	Met	We have to an ACT team to cover all counties
INTENSIVE MENTAL HEALTH SERVICES: Access Center			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Service is available within 120 minutes from the determination that services are needed	Unmet	
Proximity	Service is located within 120 miles from the individual's residence	Unmet	

INTENSIVE MENTAL HEALTH SERVICES: Intensive Residential Services			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Service provided within 4 weeks of referral	Unmet	
Proximity	Service is available within 2 hours from the individual's residence	Unmet	

Children's Behavioral Health Core Services			
<p>Children's behavioral health core services were established in HF690, and are identified in Iowa Code 331.397A and the Iowa Administrative Rule Chapter 441-25. 1. Regions must implement the following services on or before July 1, 2020 and meet applicable access standards on or before July 1, 2021: assessment and evaluation relating to eligibility for services, behavioral health outpatient therapy, education services, medication prescribing and management, and prevention. 2. Regions must implement and meet applicable access standards the following services on or before July 1, 2021: behavioral health inpatient treatment, crisis stabilization community-based services, crisis stabilization residential services, early identification, early education, and mobile response.</p>			
Children's Behavioral Health Services: Assessment and Evaluation Related to Eligibility for Services			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	During an emergency, outpatient services shall be initiated to an child within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to an child within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to an child within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for an child residing in an urban community and 45 miles for an individual residing in a rural community	Met	
Children's Behavioral Health: Behavioral Health Outpatient Therapy			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter

Timeliness: Emergency	During an emergency, outpatient services shall be initiated to a child with SED within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to a child with SED within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to a child with SED within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for a child with SED residing in an urban community and 45 miles for an individual residing in a rural community	Met	

Children's Behavioral Health Services: Education Services

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Education activities shall be carried out at least four (4) times a year	Met	

Children's Behavioral Health Services: Medication Prescribing and Management

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	During an emergency, outpatient services shall be initiated to a child with SED within 15 minutes of telephone contact	Met	
Timeliness: Urgent	Services shall be provided to a child with SED within one hour of presentation or 24 hours of telephone contact	Met	
Timeliness: Routine	Services shall be provided to a child with SED within four weeks of request for appointment	Met	
Proximity	Services shall be offered within 30 miles for a child with SED residing in an urban community and 45 miles for an individual residing in a rural community	Met	

Children's Behavioral Health Services: Prevention

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
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Timeliness	Prevention activities shall be carried out at least four (4) times a year	Met	
Children's Behavioral Health: Behavioral Health Inpatient Therapy			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness: Emergency	A child with SED in need of emergency inpatient services shall receive treatment within 24 hours	Met	Children can access inpatient units in Des Moines which is less than 100 mile away and can be accessed in 24 hours.
Proximity	Inpatient services shall be within a reasonably close proximity to the region (100 miles)	Met	
Children's Behavioral Health: Crisis Stabilization Community Based Services (CSCBS)			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	A child with SED who has been determined to need CSCBS shall receive face to face contact from the CSCBS provider within 120 minutes from the time of referral.	Unmet	American Home Finding Association will provide this service to Appanoose, Davis and Wapello County
Children's Behavioral Health: Crisis Stabilization Residential Services (CSRS)			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	A child with SED who has been determined to need CSRS shall receive the service within 120 minutes from the time of referral.	Unmet	American Home Finding will provide this service to all of SCBHR region
Proximity	Service is located within 120 miles from the individual's residence	Unmet	
Children's Behavioral Health Services: Early Identification			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	A child shall receive early identification services within four (4) weeks of the time the request for such service is made	Met	
Children's Behavioral Health Services: Early Intervention			

Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	A child shall receive early intervention services within four (4) weeks of the time the request for such service is made	Met	
Children's Behavioral Health: Mobile Response			
Access Standard	Description	Access Standard Met or Unmet	Explanations for Changes that Have Occurred Over the Quarter
Timeliness	Face-to-face contact with mobile crisis staff within 60 minutes of dispatch	Met	

Mental Health Services in Jail			
Status of Mental Health Services in Jails		Total Number of Counties	<u>Latest Start Date/ Anticipated Start Date within the Region</u>
Number of Counties that <u>Do Not Have</u> Service		0	
Number of Counties with Service <u>In Development</u>		0	
Number of Counties with Service <u>Open</u>		4	7/1/2016
<u>Regional Plans for Opening the Service</u> for Counties that Do Not Have Service			
Jail Diversion Services			
Status of Jail Diversion Services		Total Number of Counties	<u>Latest Start Date/ Anticipated Start Date within the Region</u>
Number of Counties that <u>Do Not Have</u> Service		0	
Number of Counties with Service <u>In Development</u>		0	
Number of Counties with Service <u>Open</u>		4	7/1/2016

Regional Plans for Opening the Service for Counties that Do Not Have Service		
Civil Commitment Prescreening Evaluation		
Status of Civil Commitment Prescreening Evaluation	Total Number of Counties	<u>Latest Start Date/ Anticipated Start Date within the Region</u>
Number of Counties that Do Not Have Service	0	
Number of Counties with Service In Development	0	
Number of Counties with Service Open	4	7/1/2016
Regional Plans for Opening the Service for Counties that Do Not Have Service		
Additional Core Services: Justice System-Involved Training		
Crisis Intervention Training		
Status of Crisis Intervention Training	Total Number of Counties	<u>Latest Start Date/ Anticipated Start Date within the Region</u>
Number of Counties that Do Not Have Training	0	
Number of Counties with Training In Development	0	
Number of Counties with Trained Officers	4	7/1/2016
Regional Plans for Training for Counties that Do Not Have Trained Officers or Training in Development		

Crisis Prevention Training			
Status of Crisis Prevention Training	Total Number of Counties	<u>Latest Start Date/ Anticipated Start Date within the Region</u>	
Number of Counties that <u>Do Not Have</u> Training	0		
Number of Counties with Training <u>In Development</u>	0		
Number of Counties with Trained Departments	4	7/1/2016	

Provider Competencies				
According to Iowa Code Section 331.397 subsection 6, Regions are to ensure that access is available to providers of core services that demonstrate competencies necessary for serving persons with co-occurring conditions and providing trauma-informed care that recognizes the presence of trauma symptoms in persons receiving services.				
Provider Competency	Number of Trained Providers Located in the Region	Number of Trained Providers Located Outside of the Region	Total Number of Trained Providers	Regional Plans for Training if the Region Does Not Have Providers who are Trained to Deliver the Provider Competencies:
Co-occurring Conditions	5	0	5	
Trauma Informed Care	5	0	5	

Evidence Based Practices								
According to Iowa Code Section331.397 subsection 6, Regions are to ensure that access is available to providers of core services that demonstrate competencies necessary in providing evidence-based services. Iowa Administrative Rule Chapter 441.25.5(3) lists the following evidence-based services be available in each region: assertive community treatment (ACT), integrated treatment of co-occurring substance abuse and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing. Strengths based case management may also be made available.								
Evidence Based Practices	Number of Providers Implementing			Number of Providers Implementing with Fidelity			Percent of Providers Implementi ng with Fidelity	Regional Plans for Implementi ng Evidence-Based Practice
	Number of Providers	Number of Providers Contract	Total Number of Providers	Number of Providers	Number of Providers Contracted from	Total Number of Providers Implementi		

	in the Region	ed from Another Region	Implementing	in the Region	Another Region	ng with Fidelity		With Fidelity if Not Available in the Region
Core Evidence Based Practices								
Assertive Community Treatment	2	0	2	2	0	2	100%	Ind. Audit
Strength-based Case Management	0	0	0	0	0	0	#DIV/0!	Unknown
Integrated Treatment of Co-occurring Substance Abuse & Mental Health Disorders	3	0	3	1	0	1	33%	Ind. Audit
Supportive Employment	4	0	4	0	0	0	0%	Ind. Audit
Family Psychoeducation	1	0	1	0	0	0	0%	Ind. Audit
Illness Recovery & Management	1	0	1	1	0	1	100%	Find a provider to implement EBP
Permanent Supported Housing	1	0	1	0	0	0	0%	Ind. Audit
Additional Core Evidence Based Practices								
Positive Behavior Support	1	0	1	0	0	0	0%	Independent Audit
Peer Self- Help Drop-In Center	3	0	3	0	0	0	0%	Independent Audit
Core Evidence Based Practices								
Assertive Community Treatment								
Provider Information		If Location of Provider is Outside of the Region:		Counties Served by Provider	Is this Provider Implementing with Fidelity?	For Programs Implementing with Fidelity		Explanations for Changes that Have Occurred Over the Quarter
Providers: (Enter Name of Provider Below)	Location of Provider (Select County)	COUNTY of Provider Location	Is there a Formal Contract in Place with the Provider?	Enter "Entire Region" if all Counties in Region are Served		Source of Independent Verification	Date of Independent Verification	

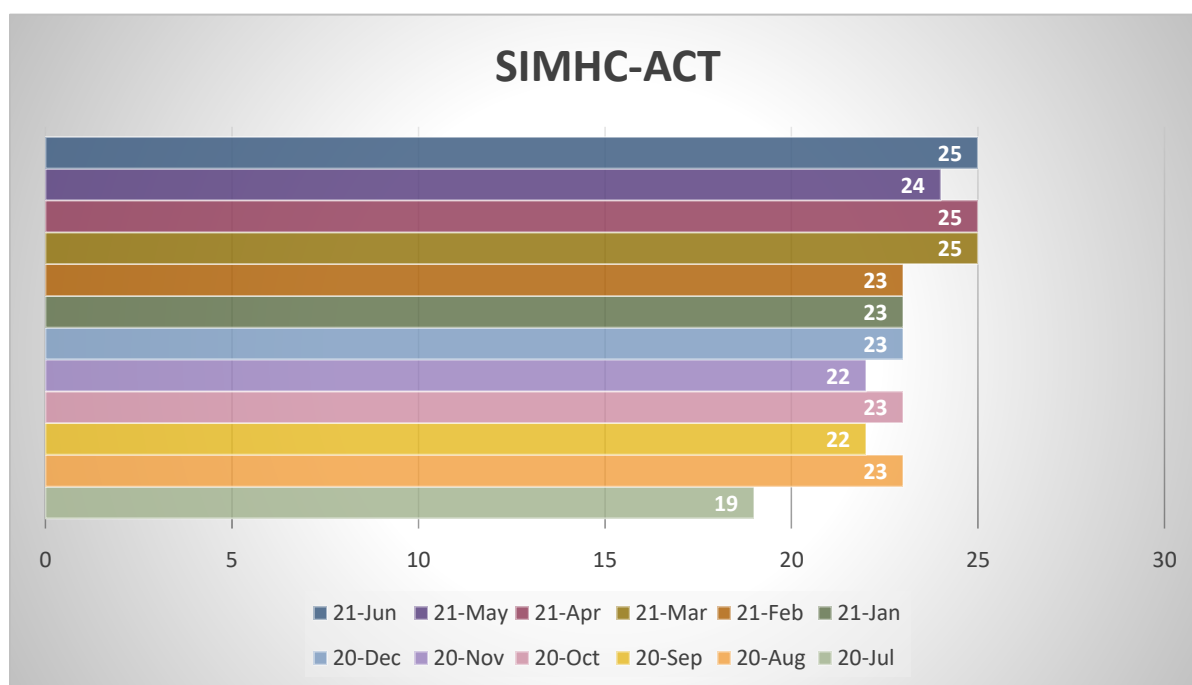
RHD	Appanoose			Appanoose	Yes	CROSS	6/19/2020	
SIMHC	Wapello			Davis, Wapello, Mahaska	Yes	CROSS	3/10/2021	

EVIDENCE BASED PRACTICES-

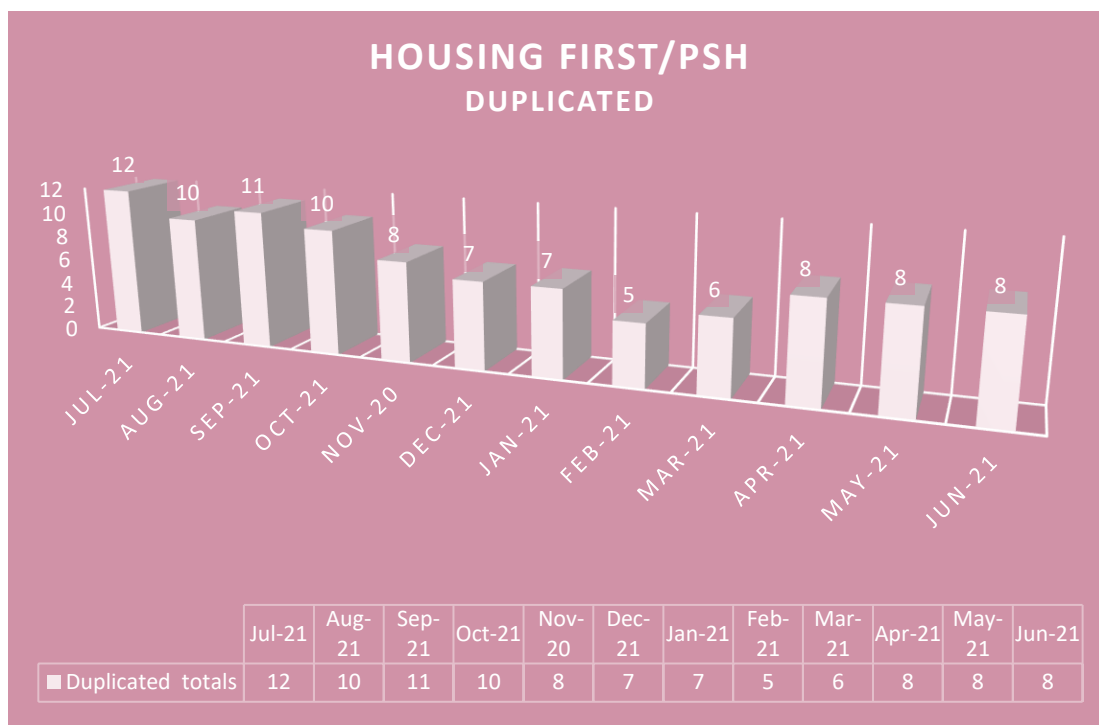
Illness Management and Recovery; In accordance with the regional service contract for the services, Community Health Centers of Southern Iowa worked with an external agency to complete a baseline fidelity review for the evidence-based practice of illness management and recovery. The review was completed in June 2021 and resulted in a score revealing fair implementation to the model. The provider continues to refine and improve practices to move forward adherence to the model.

Integrated Treatment of Co-Occurring Disorders; In accordance with the regional service contract for the services, Community Health Centers of Southern Iowa worked with an external agency to complete a baseline fidelity review for the evidence-based practice of integrated treatment of co-occurring disorders. The review was completed in April 2021 and resulted in a score revealing fair implementation to the model. The provider continues to refine and improve practices to move forward adherence to the model.

Assertive Community Treatment (ACT): Total clients served in FY21 373 duplicated. SCBHR has a contract with RHD and SIMHC to provide ACT services. At current RHD provides ACT to Appanoose County with a fidelity review of 122 and SIMHC provides ACT services to Davis, Mahaska and Wapello Counties with a fidelity review of 116.

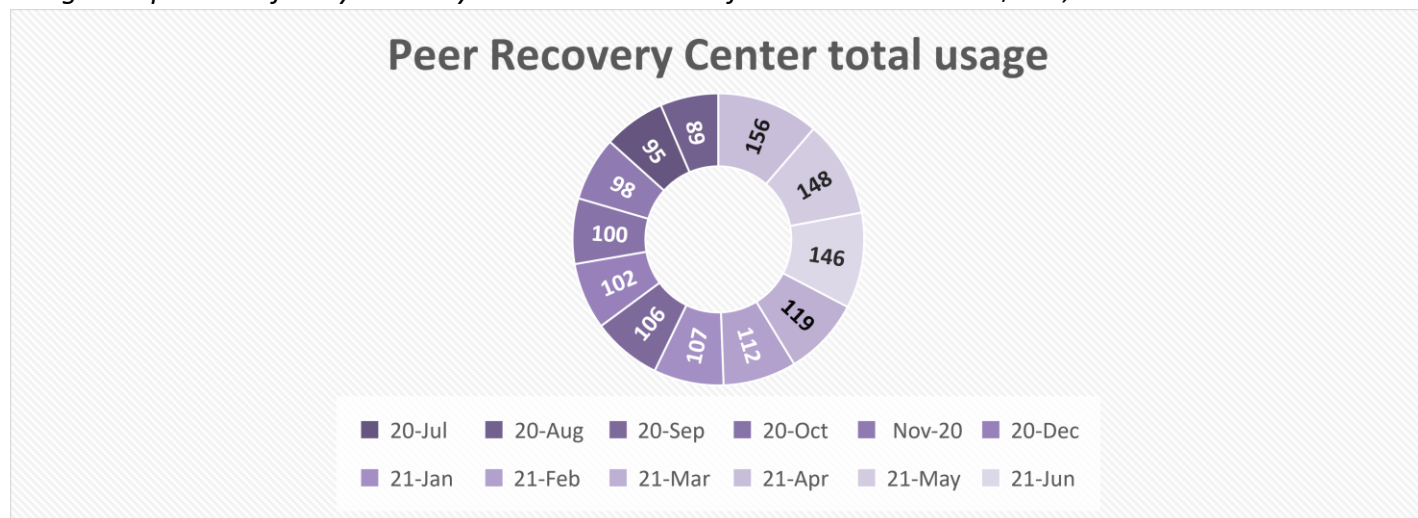


Housing First-Permanent Supportive Housing (PSH)-In FY21 SCBHR offered PSH/Housing First up to 100 (duplicated)clients within our region. The region spent a total of \$54,270 in rent and utilities in FY21. SCBHR provides all case care coordination and funds deposit, rent and utilities. SCBHR works alongside of providers to provide Supported Community Living Services and Integrated Health Home Services

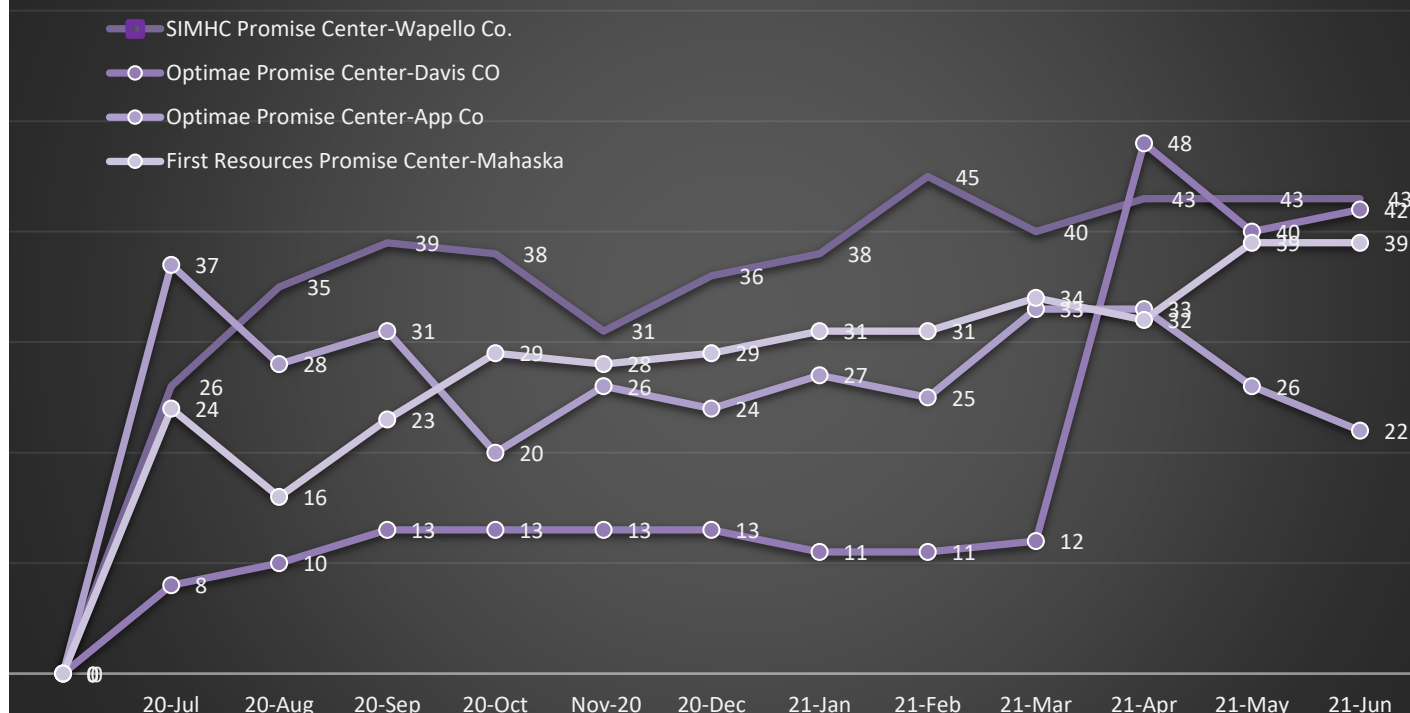


RECOVERY SERVICES-

Peer Support- SCBHR continues to support local peer and family ran recovery centers in Appanoose, Davis, Mahaska and Wapello Counties. Recovery Centers are operated by Southern Iowa Mental Health Center, Optima and First Resources. From July 2020 - June 2021 a total of 1378 visits were made by clients and served through the peer and family recovery services. Total cost for FY21 to SCBHR is \$551,566



Peer Recovery Center usage by County



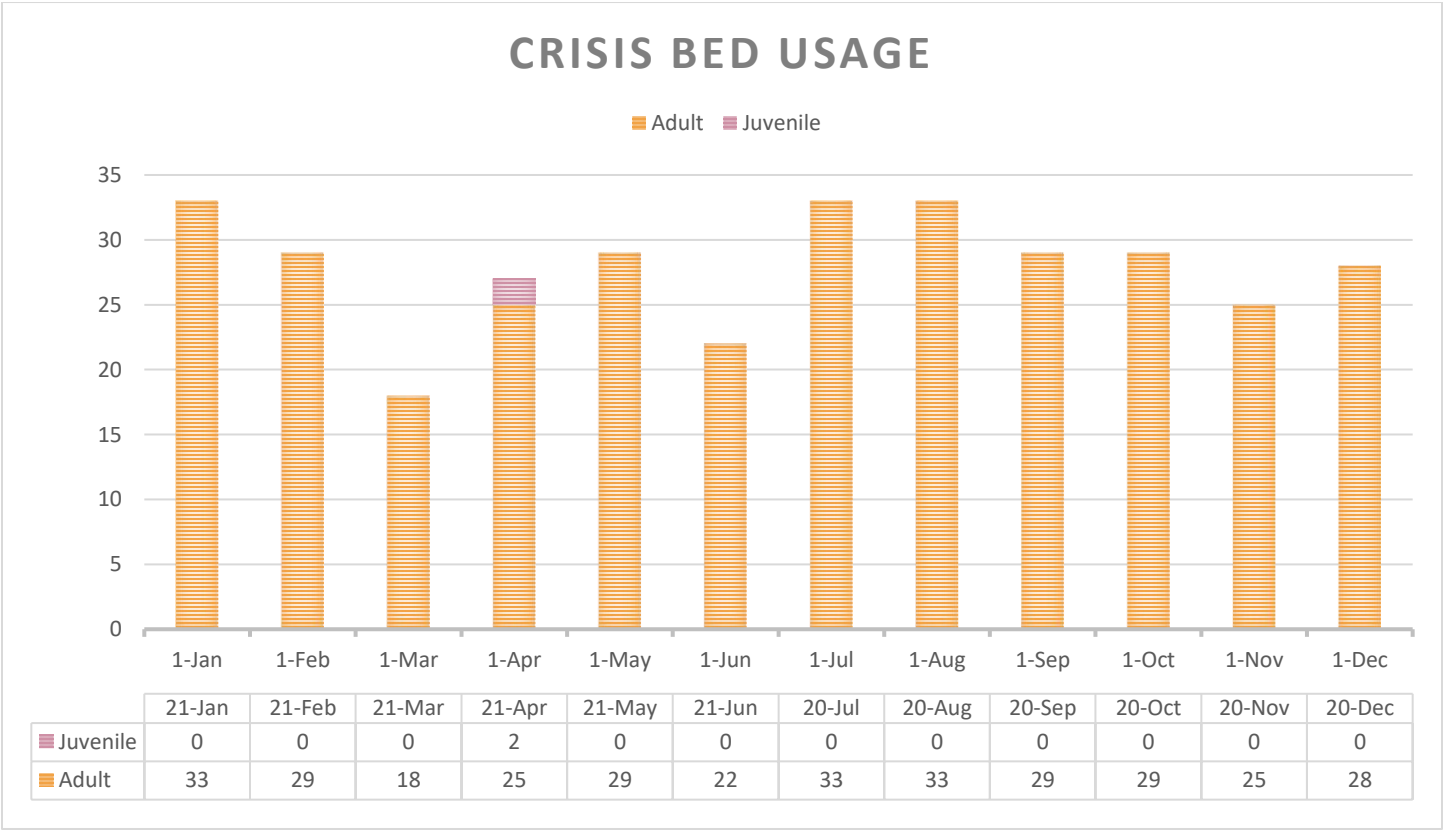
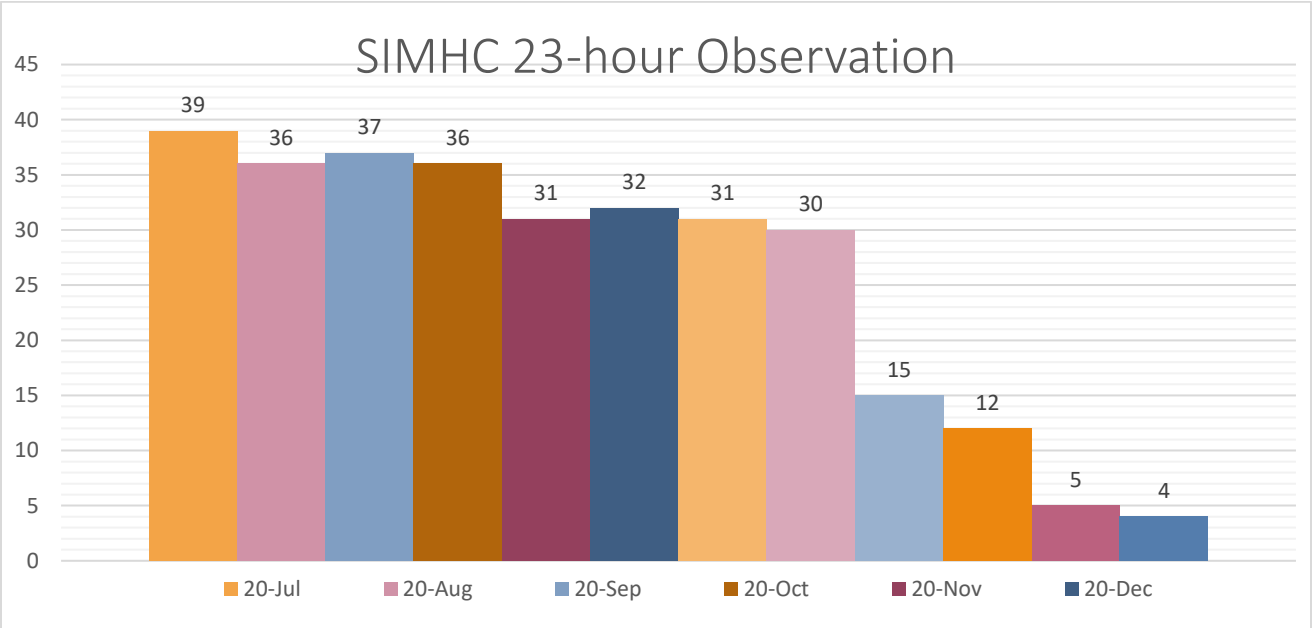
ADULT CRISIS SERVICES-

23 Crisis Observation and Crisis Stabilization Residential Services (CSRS)- SCBHR contracts with Southern Iowa Mental Health Center for Adult Crisis Stabilization Residential Services and YSS for Children Crisis Stabilization Residential Services.

The facility serves as a diversion service to mental health inpatient hospitalization. The level of service allows mental health patients who are in crisis because of psych-social issues a short-term bed in the community.

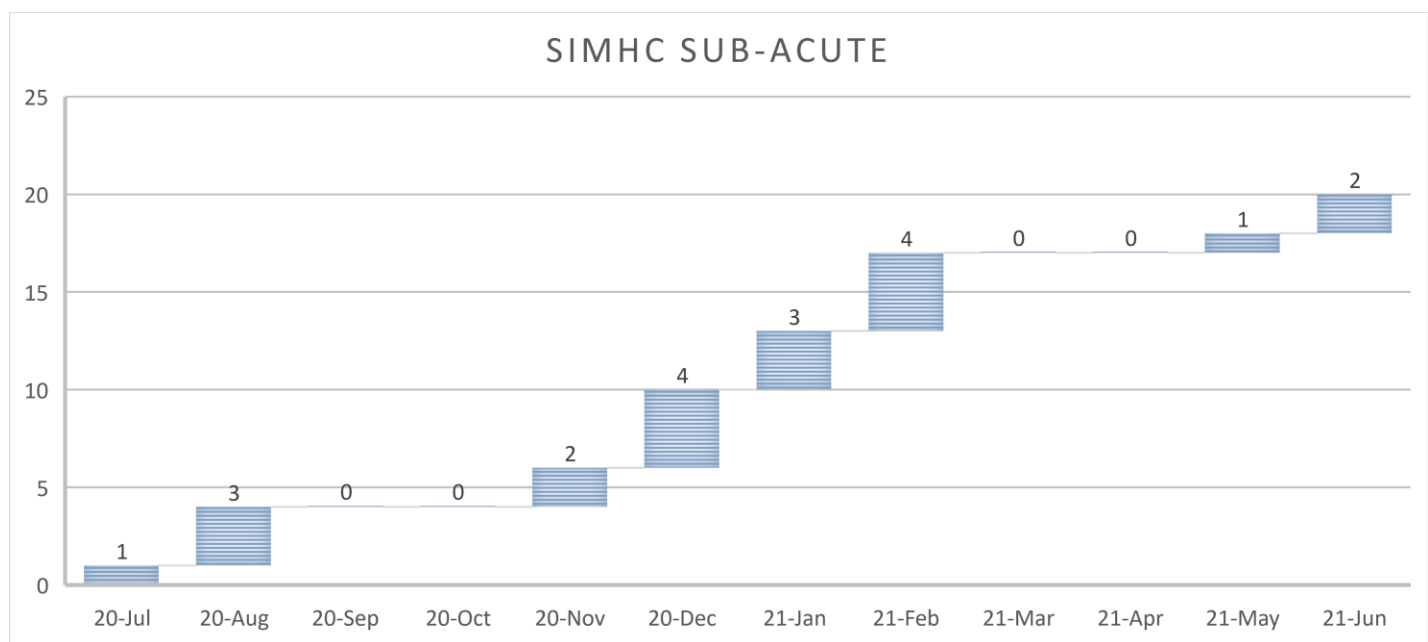
The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to region relief funds for tangible help with rent, utilities, transportation, food and other needs as identified.

In FY21 a total of 333 total patients were serviced (unduplicated) in either the 23-hour Observation Unit and or the Crisis Stabilization Residential Unit. Total regional dollars spent in FY21 for 23-Hour Observation and Crisis Stabilization Residential Services were \$341,143 (operational costs and fee for service). Average Length of Stay for Adult Crisis Residential Services was 2.89 days, and 23 Hour Observation average length of stay was 17.32 hours. Average age for admission is late 30's and the unit has served 109 homeless persons' (duplicated) in FY21.



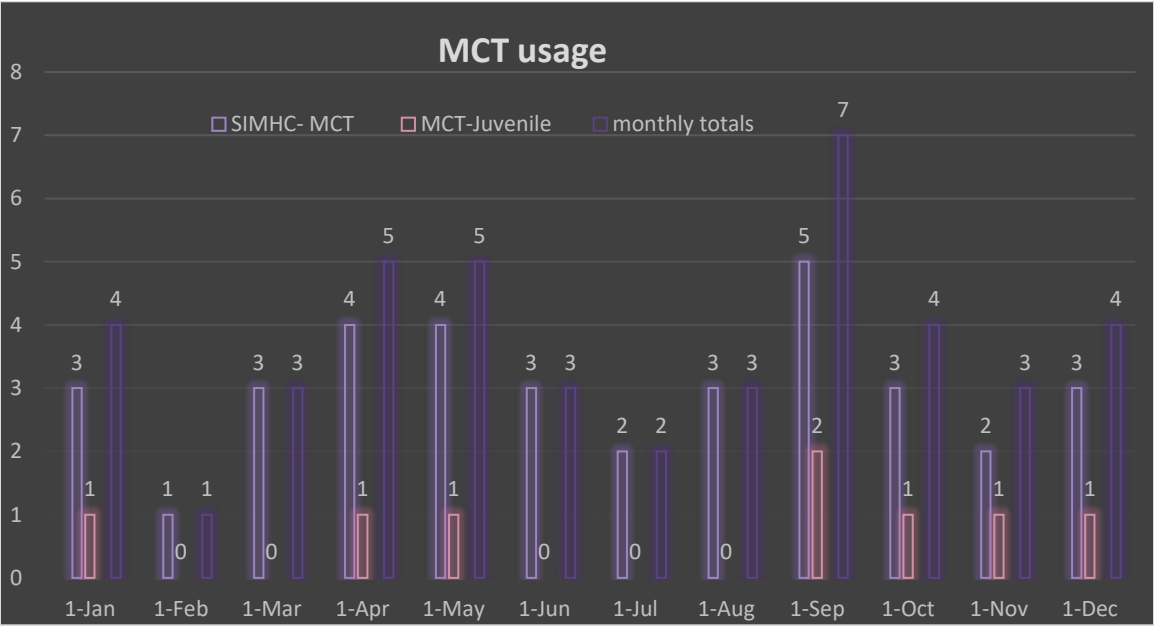
Sub-Acute-means a comprehensive set of wraparound services for person who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional’s scope of practice, not to need inpatient acute hospital services. Subacute is an intensive recovery-orientated treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner. An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community. Services that may be provided in a wide array of setts ranging from the person’s home to a facility providing subacute mental health services, Subacute mental health services are time limited to not more than ten days or another time period determined in accordance.

FY 21 SIMHC served a total of 20 patients in Sub-Acute. 100% of these patients leave with housing in place and discharge on a medication schedule and are established with a prescriber. 62% of admits receive at least one medication adjustment and the average length of stay in Sub-Acute is 16.82 days.



Mobile Response-means a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual’s place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.

FY 21 SCBHR spent \$130,037 serving a total of 36 clients. SCBHR continues to contract with SIMHC to provide the MCT service. As compared to FY20 SCBHR saw a significant decrease in the use of MCT. Feedback from SIMHC staff indicate that this is due to them mitigating the use of MCT by de-escalating the crisis by ways of the crisis line. Fy21 SCBHR hired SolutionspointPlus to provide a high-level evaluation of police officers and the use of MCT. The report indicated that the response time was too slow even within the 60 mins, they called prior and did not have success, they didn't feel like they interacted with persons with mental illness and they just forgot about the MCT team. The region is actively looking for opportunities to enhance the use of MCT.



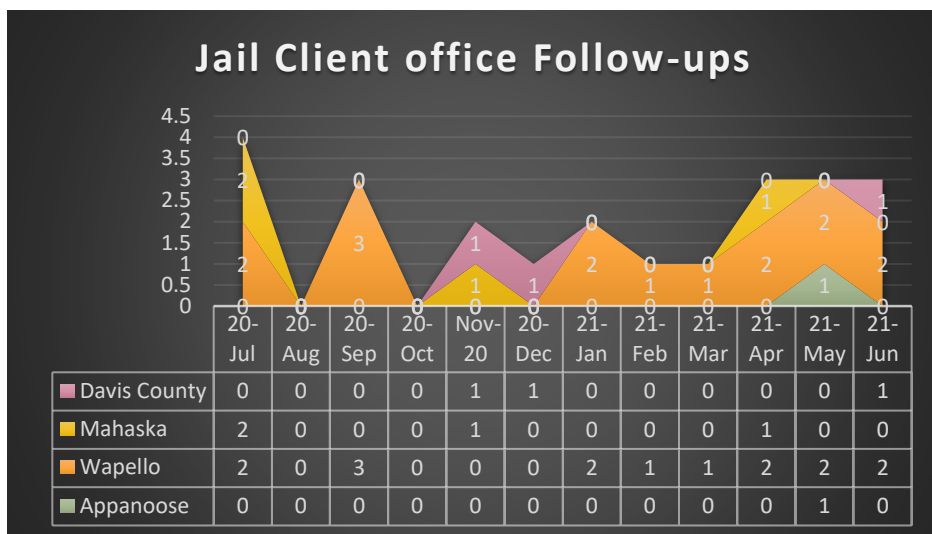
Justice System Involved Services –

Jail Coordination and Mental Health Services SCBHR Region works directly with member county law enforcement and jails to mitigate the number of individuals with mental illness in jails as well as decrease recidivism.

SCBHR contracts with Southern Iowa Mental Health Center for medication prescribers and therapist in 3 of our county jails Appanoose, Davis and Wapello. Mahaska County in FY21 was contracted with SIMHC and then later switched to Keokuk County Hospital. A total of 1,869 jail services were provided FY21.

The total number of clients presenting to the local community services office(s) (Appanoose, Davis, Mahaska, and Wapello) after release between July 2020 and June 2021 was 23 in FY21. SCBHR has seen a decrease in request for funding for out-patient services and medication some of this could be attributed to the local mental health centers having access to dollars to cover appointments and patients having access to prescription drug programs.

Out of the 312 total clients seen in the jail that were no longer incarcerated and able to follow up (85 situationally unable to follow up) with one or more local providers 45 did so for a total of 20% follow up rate of inmates released.

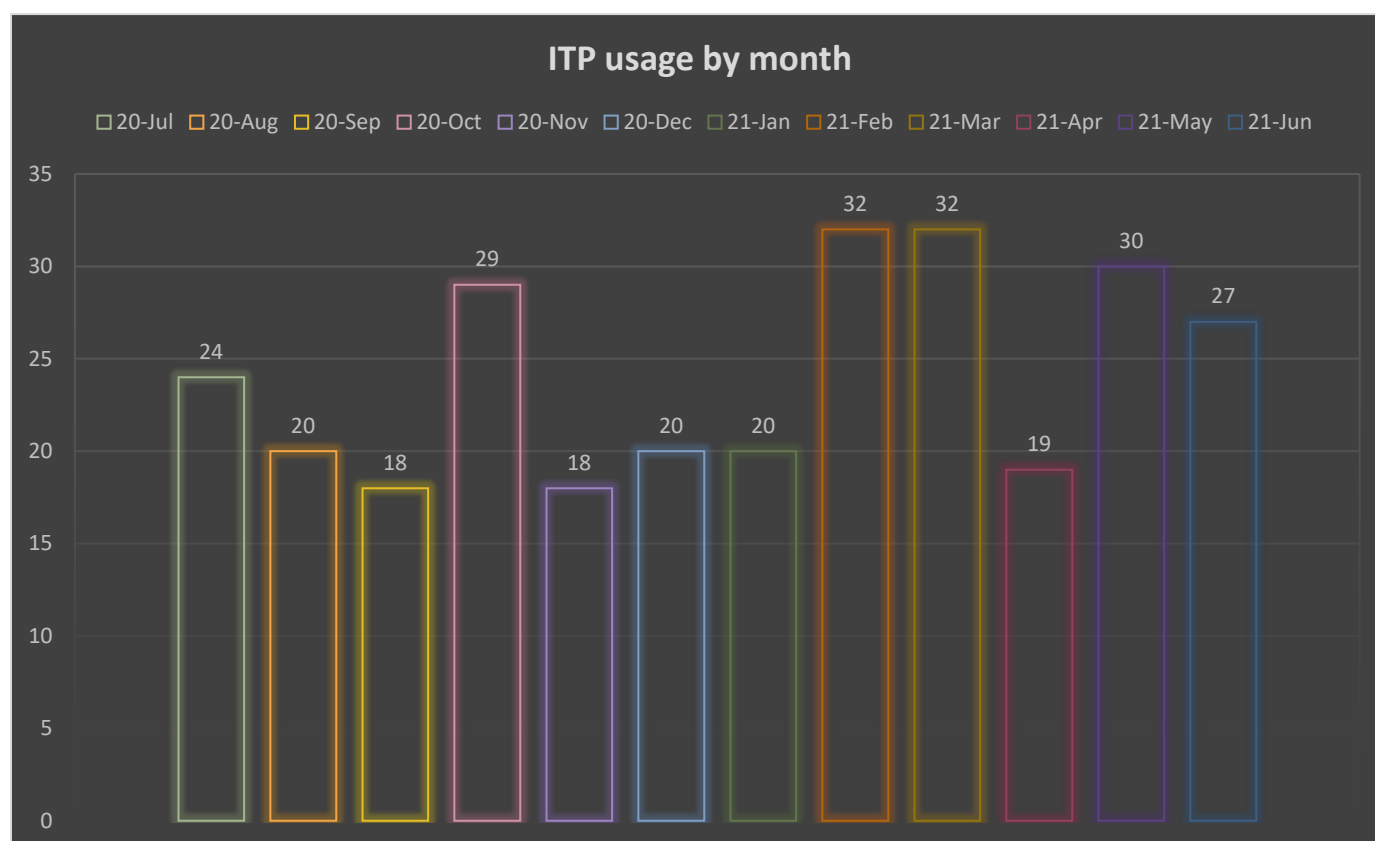
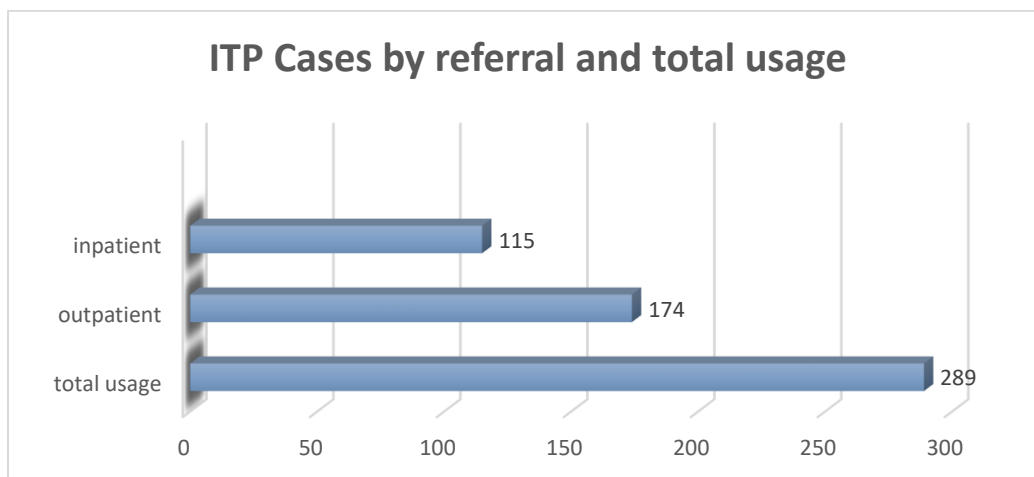


Crisis Intervention Training and Mental Health First Aid-In FY 21, SCBHR offered three Crisis Intervention Trainings to Law Enforcement Officers one in October, November and December of 2020 in Wapello County with a total of 45-50 participants. Training was provided by SolutionspointPlus out of San Antonio, Texas.

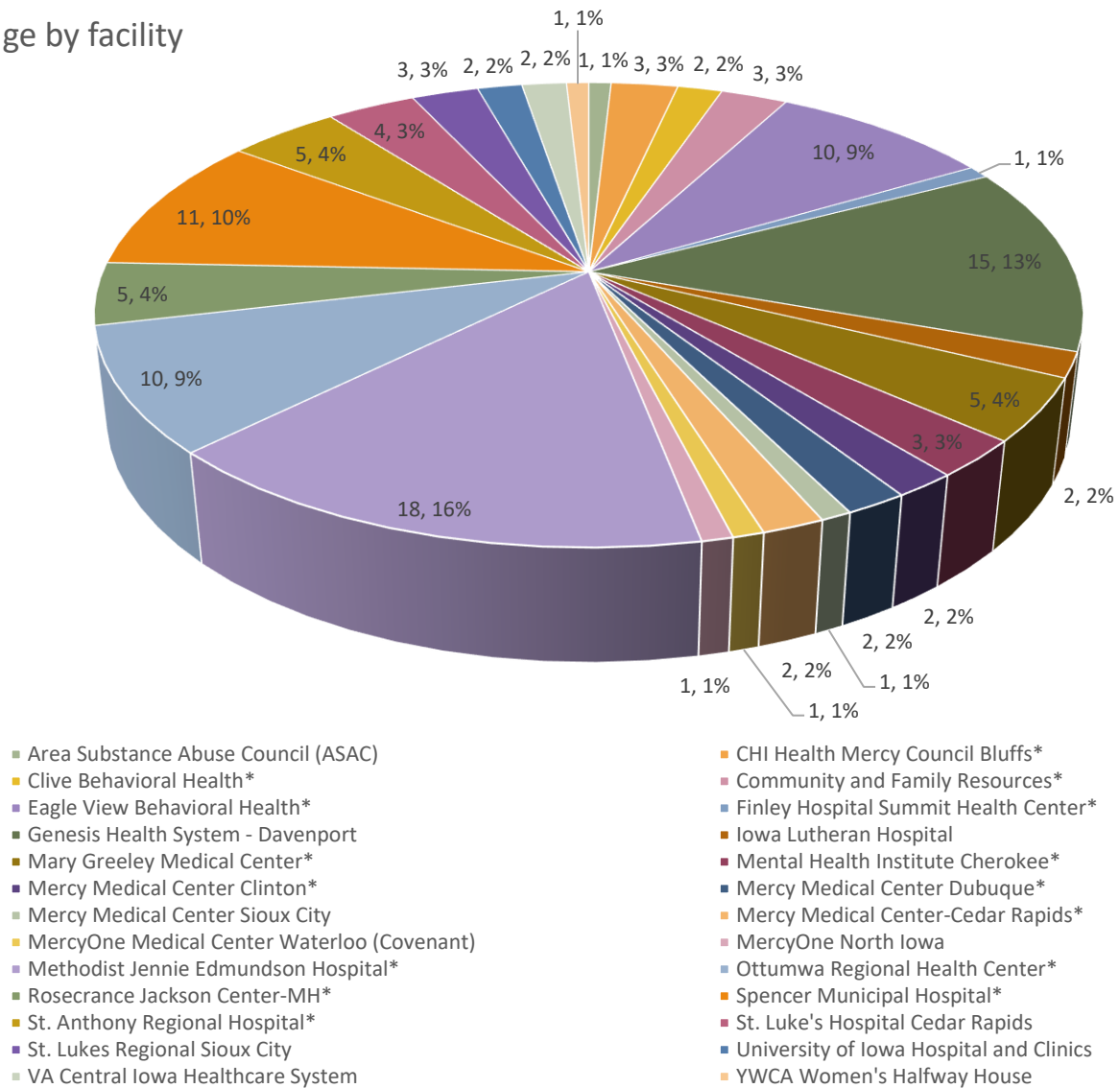
Southern Iowa Mental Health Center s provide MH First Aid Training to providers within the region. The training is offered up to 3x a year for both adolescent and adult MH First Aid Trainings.

FY21 SCBHR was allocated dollars through the CARES training that were requested and approved by the region from both provides and schools included Youth Menta Health First Aid, Mental Health Training (Ethics on Tele-Health), Capturing Kids Hearts Custom Virtual Experience, and Challenge to Change YOGA training.

Pre-Commitment Screenings -The SCBHR region supports pre-screening using tele-psychiatry purchased for the member county hospitals from Integrated Tele-Health Partners (ITP). Tele-psychiatry is a service that links individuals with a psychiatrist via a two-way connection through the internet. In addition to having access to a psychiatrist, ITP also provides bed-finding services for the individuals needing inpatient psychiatric services. In FY21, Appanoose and Mahaska County hospitals had access to ITP services. Since opening the Access Center hospitals also have the option to contact the Access Center via telephone, mobile crisis or telehealth for assessment, evaluation and bed finding services.



ITP Usage by facility



Additional Core Evidence Based Treatment

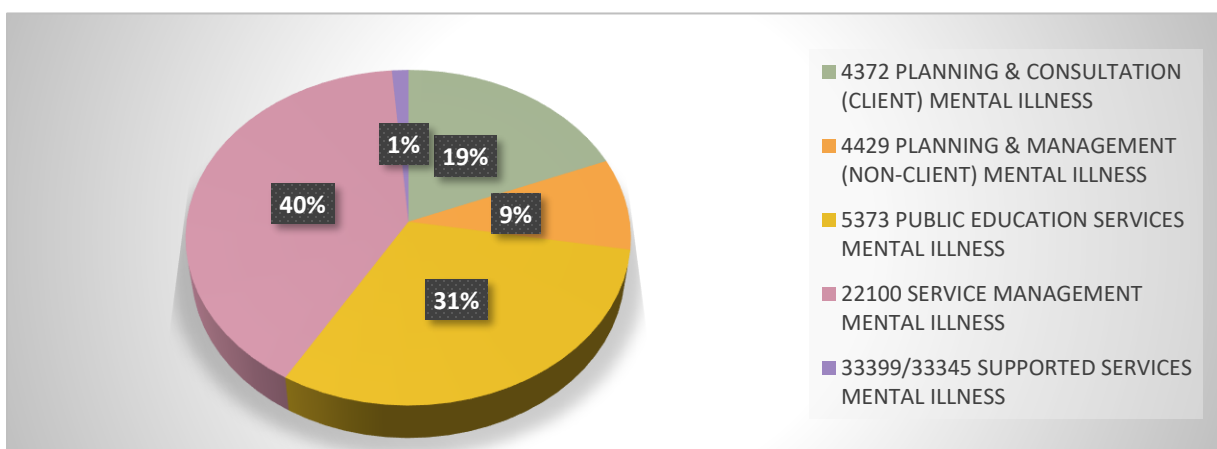
Other Informational Services-

COA	SERVICE	DISABILITY GROUP	TOTAL DOLLARS
04372	PLANNING & CONSULTATION (CLIENT)	MENTAL ILLNESS	202,710
04429	PLANNING & MANAGEMENT (NON-CLIENT)	MENTAL ILLNESS	95,040
05373	PUBLIC EDUCATION SERVICES	MENTAL ILLNESS	332,013
22100	SERVICE MANAGEMENT	MENTAL ILLNESS	432,511
33399/33345	SUPPORTED SERVICES	MENTAL ILLNESS	14,103

Planning & Consultation (Client)/Planning & Management/Public Education Services

In FY 21 Southern Iowa Mental Health Center received block grant dollars to provide planning and/or consultation services to clients, planning & management (non-client) and public education services. Activities supported through the block grant dollars include clinical staffing meetings held once time weekly to staff clients with medication provider along with consulting with other team members (family, friends, IHH Care Coordinators, etc) to discuss significant concerns and brainstorming treatment options. Clinical Director time allotted for projects within the organization to include accreditation visits; Managed Care meetings, attending stakeholder meeting/committee meeting, etc. Public education services in FY21 included community presentations, human resource meetings within the community, and meeting with community leaders to share service ideas and discuss needs of the community.

One should note that in fY21 CARES dollars was allocated to SCBHR many requests by providers and schools came in the form of public education. A few examples would include social, emotional curriculum, marketing for mental health awareness in the form of brochures, pamphlets, fliers and stickers and marketing for Brain Health.

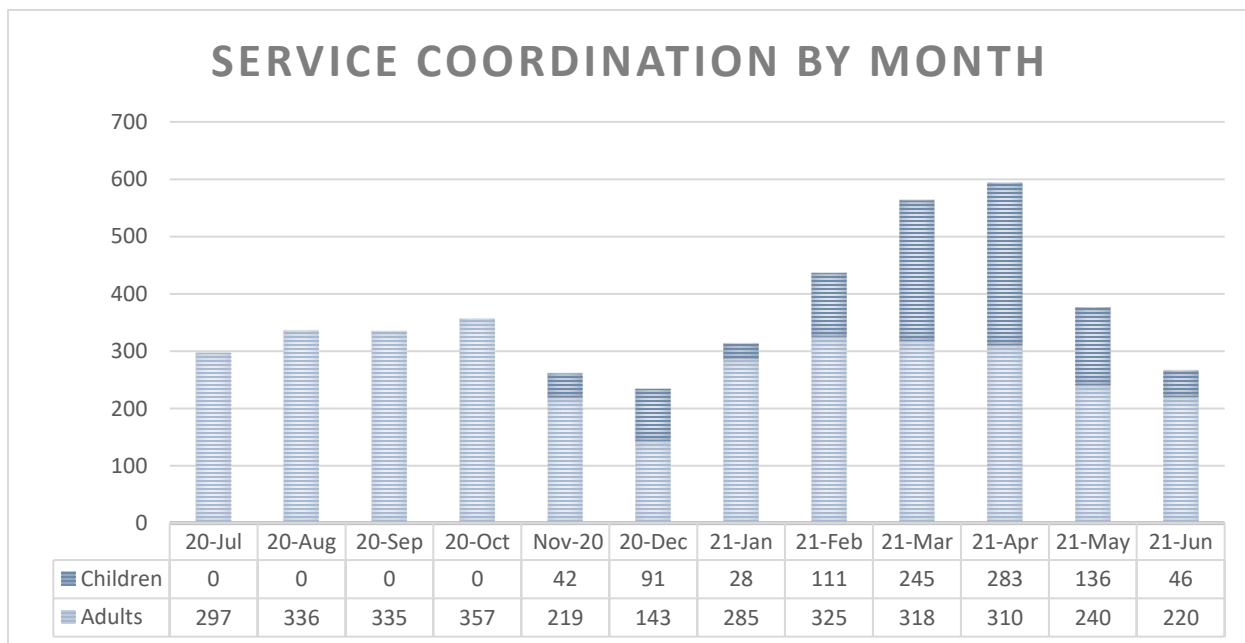
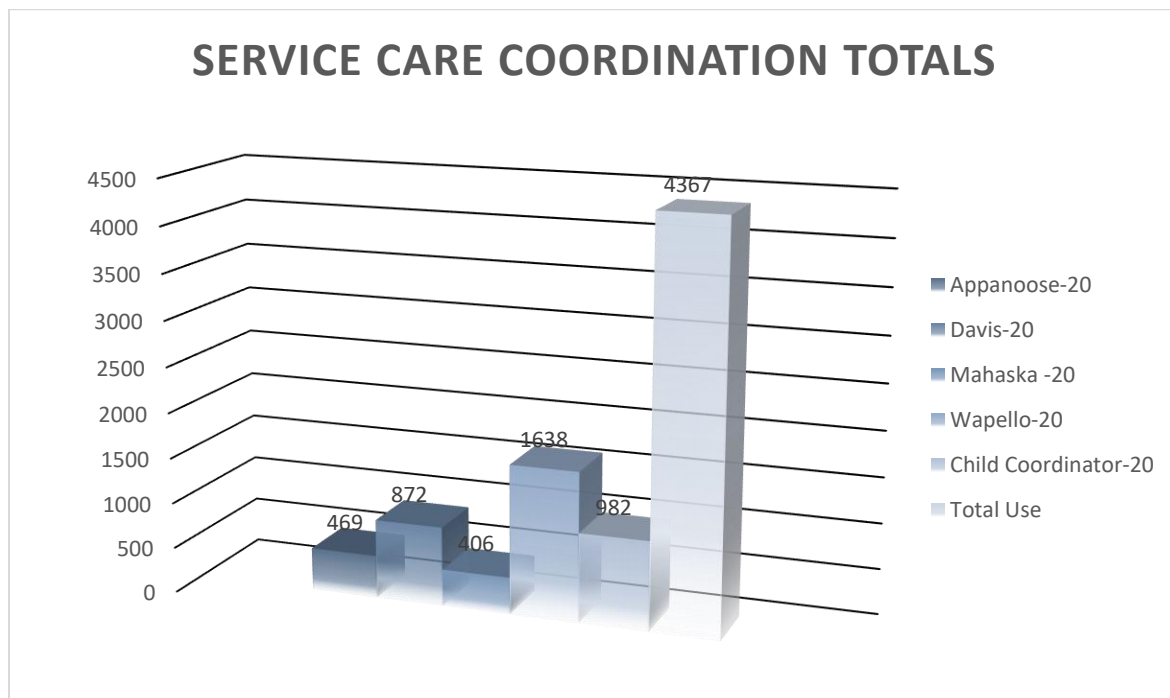


Region Program Outcomes-

The following section provides information and Service Coordination

Service Coordination

The following section provides information on Service Coordination. SCBHR is staffed with four local Coordinators of Disabilities Services (CDS) and one social worker housed in Wapello County. Service Coordination is essential in connecting individuals with Mental Health and Developmental disabilities and/or co-occurring diagnoses to resources, services, and supports. This chart represents the face-to-face contact that the CDS/Social Worker has monthly.



Other Community Living Supports (transportation, basic needs, rent subsidy, payee, guardianship and transitional living)-

Transportation: SCBHR contracts with Central Iowa Juvenile Detention Center (CIJDC) and the Iowa Crime Commission for transportation services. Both agencies assist with Civil Mental Health Commitment transports when requested by the Sheriff's Office. This offers the ability for law enforcement to be able to more expediently return to other duties. Both providers also assist with voluntary transports to and from Hope Wellness Center, Southern Iowa Mental Health Center voluntary hospitalization and discharge needs, as well as other transportation needs receiving prior funding authorization by SCBHR. SCBHR also contracts with public transit providers and other providers for transportation services.

Basic Needs: SCBHR contracts with providers for basic material needs assistance. This assistance allows a provider to receive reimbursement from SCBHR for the purchase of an item on behalf of a client that does not fall under the traditional array of service funding offered by SCBHR. Providers have been able to pay for items such as clothing and car repairs which assist the client in being able to address immediate needs.

Rent Subsidy: SCBHR offers time limited assistance with rent and utilities. This assistance can be helpful as individuals are going through the application process for SSI/SSDI benefits and/or seeking employment.

Representative Payee: SCBHR is a representative payee for up to 10 clients

Physiological Treatment Outpatient- SCBHR does pay for person's need I.Q testing if the patient meets eligibility determination.

Physiological Treatment- Prescription Medications- SCBHR does pay for medications in the community and in the jails for person's meeting the SCBHR eligibility guidelines

Collaboration-

SCBHR continues to build collaboration by participating in:

- **Resource Collaborations – Training** (develop common language across stakeholder groups)
 - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
 - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)

- Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)
- **Resource Collaborations – Community Supports** (continuing to build community capacity)
 - Tele Psychiatry
 - Mobile Crisis Response Teams/MH Assessment
 - Jail Diversion/Re-Entry
 - Open Bed Tracking System
 - Crisis Stabilization
 - Crisis Observation
 - Transition Homes
 - Sub-Acute Supports
 - Substance Abuse Services

SCBHR continues to partner with our local South Central Iowa NAMI to bring public education and awareness, family and consumer support, advocacy and family education directly to consumers in our mental health region. In FY21 South Central Iowa NAMI expanded all education and support groups to all four counties.

Adult Advisory's Committee: The SCBHR Regional Adult Advisory Committee is an advisory stakeholders' group that provides for broad representation. The Board consists of members from each county and two Governing Board Directors. One member is a provider, and one member is an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Two Directors from the Governing Board serve as ex-officio non-voting members. From the Regional Advisory Board, one provider and one individual with mental health and disability services, or actively involved relative of such an individual, serve on the Governing Board as ex-officio non-voting Directors. The Regional Advisory Board met the first Thursday of each month.

Children's Advisory Committee- Children Advisory Committee continues to be held the first Thursday of each month. The Children's Advisory Committee is made up of Parents/Actively involved relatives of a Child who utilizes Children's behavioral Health Services, an educator, early childhood advocates, child welfare advocates, children's behavioral health service providers, juvenile court system, pediatricians, childcare providers, local law enforcement and a regional governing board member. All advisory committee vacancies have been filled to meet the obligation of HF690.

SCBHR Regional staff continue to service on multiple community coalitions and participate in projects to including; Rolling Hills Homeless Coalition, Stepping Up, Appanoose County Mental Health Coalition, ITAIC, Love Inc Community Coalition, CPPEC, Wapello County Children's Alliance Executive Council, Resilient

Community project, Wapello County Health Communities, and SART/DART Prevention Council (Sexual Abuse response team/domestic abuse response team).

FY21 SCBHR staff was trained in SOAR and is able to now assist homeless clients in applying for Social Security Benefit.

Education and Awareness-

SCBHR along with other regions partnered with Trilix in 2020 to capitalize on a funding opportunity allowing for marketing efforts on a statewide scale with the goal to provide education and awareness about the MHDS regions and services. After determining a path to accomplish the agreed upon goals, a plan was developed to launch in early 2021.

GOALS

Our efforts focused on four goals.

- 1) Develop clear, actionable messages.*
- 2) Create tools allowing regions to use MHDS to drive local activity.*
- 3) Present a united front to influential, regulatory and legislative audiences.*
- 4) Achieve a stable and consistent presence across Iowa.*

STRATEGY

Position MHDS as a one-stop resource for information and assistance with finding local resources.

PLAN

Our actions were focused in three areas.

1) Develop tools.

- Messages through the website's blogs and social media.*
- Visuals (art/photography/video) assisted in providing a unified brand across the state.*
- Communications pieces such as digital media and social media to push MHDS's awareness and message.*

2) Create pathways for Iowans to interact.

- Website- Trilix developed a new website for MHDS to allow easy guidance for users as they search for services in their county. The site provides awareness and education about each region and its services. Each region has its own individual page, which provides educational pieces and contact information. The website also hosts monthly blogs, which Trilix works with MHDS to write and provide information all throughout the year. These blogs are then shared on social media to, again, provide education, awareness and drive people back to the website.*
- Social media- Trilix developed monthly posts and social ads for MHDS to continue to engage Iowans and to educate on services provided in their county, encourage those that need services to find help and give them the proper tools to do so and to provide awareness and education around brain health.*

3) Build awareness and understanding.

○ *Blogs- The blogs serve as a tool to inform lowans on a variety of topics such as awareness around brain health (mental health), and they serve as an ongoing resource to educate lowans on programs and services available to them and more.*

○ *Articles and media outreach- Trilix provided media outreach all throughout the year to continue to find different outlets to tell the MHDS story and share resources with lowans all*